

Your Guide to Birth Control and Family Planning

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Ministry of Health
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It's up to you.

Family planning is a subject that may be new to you. Deciding if you want children, or *when* you want them, requires a lot of thought, and a lot of information, too. Because so many women care about making these decisions, a few sources have been established for you to contact.

Your family doctor is a good source of help. Your doctor knows you, knows your medical history and should be able to tell you all about the various ways a pregnancy can be prevented. Your visit will be kept confidential.



Family planning clinics are also very helpful. You can contact them through your local public health unit or through the telephone book or your community centre. They are set up to provide advice on family planning methods and their staff can help you to choose one that's right for you. Their services are confidential and free. (Often the clinics have staff members who speak a number of languages, so you will still be able to take advantage of them even if your first language is not English).

Talking to friends or family can be worthwhile, too. You can share your feelings about your life and the questions that sexuality and birth control raise. You can find out their attitudes and compare them to your own.

Your partner also plays an important role in your decision-making. How do you feel about him? How close is your relationship? Is he interested in having children? What does he think about birth control? Does he prefer one method over any other?

You may want to visit your doctor or the clinic with your partner so both of you can learn about the choices available and both of you can be involved in making the necessary decisions.

And decisions *are* necessary. Look closely at your situation, at yourself. Do you want children (or another child)? Do you want a child *now*? Can you afford one? If you don't already have a child, maybe sometimes you imagine having your own adorable baby, cuddling and rocking your baby, pushing the carriage. But babies aren't just cute. They cry, they get sick, they need to be fed. They can be

demanding little creatures, full of need. When you want them and when you can look after them, babies are delightful. But maybe you are still rather young yourself. Maybe *you* are full of needs. Maybe you need more time to get to know yourself, your partner. Perhaps you need more education, more money. A baby can change those plans dramatically, so be sure you know how having a child will affect your life. Be sure the time is right for the sake of your child and for you.

Today some couples choose not to have children. Others wait until they feel that they are really ready. Many couples make plans to space their children, or to limit the number of children they have. They know that too many pregnancies, or pregnancies that are closely spaced, can sometimes harm the mother's emotional and physical health. They can also put a strain on the rest of the children in the family, and on the father.

As you can see, there are many questions involved in making these decisions. It's a responsibility. But it's also a privilege. You are lucky enough to be able to make a choice.

Knowing the facts is the best way to make a choice that's right for you. This brochure will give you some of those facts. It's a step in the right direction.

It's your body.

When you turn on the television to watch your favorite show, you probably don't give a thought to how the television works. Inside the cabinet is a forest of tubes and wires and complicated machinery. But as long as you can turn the knob and see the picture on the screen and hear the sound of the program, you don't need to know about the insides of your TV set. You can take it for granted.



Sometimes we feel the same way about our own bodies. As long as everything is working, as long as we can get up in the morning, wash, dress, eat breakfast, follow our normal routine, then we don't have to think about how our bodies operate, or what goes on inside us.

This is particularly true of our reproductive systems. You know that you have a period each month, and that as long as you continue to do so, you aren't pregnant. But maybe you don't know too much about how pregnancy happens, or about the parts of the body involved when you menstruate or when you make love. Perhaps you don't know about the male body, either.

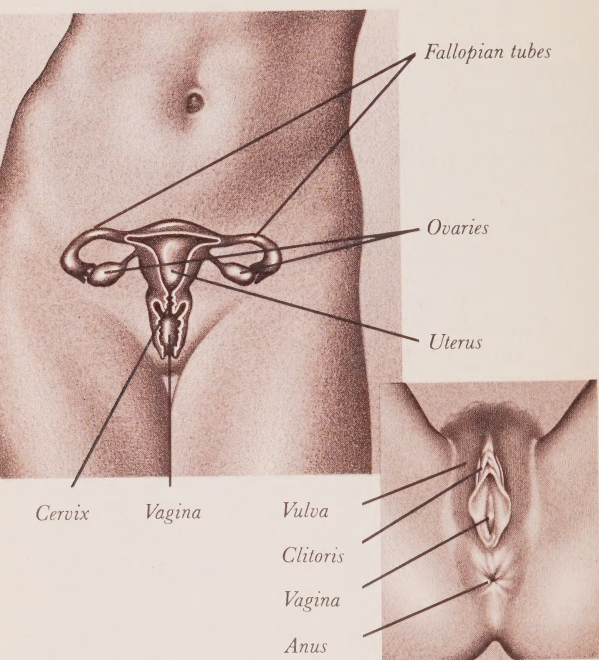
There's one good reason to find out more about your body: it belongs to *you*. There are lots of other reasons, too. Knowing about your body can help to keep you healthier. It can also help you to make decisions about important issues like birth control, bearing children, having sex, even choosing the medical assistance you want.

But start with the first fact, that your body is *yours*. You know the color of your hair. You know the color of your eyes, the shape of your mouth, how tall you are, how much you weigh. You know all these things about yourself, so why not find out more about the inside of your body? You need to care about it in the same way you care about how your hair looks, or your face.

There's no mystery to your reproductive system. And your sexual organs are not complicated either. Your body is much easier to understand than your television set. And it's far more fascinating! Learn how it works and you'll feel a new sense of freedom. You'll be able to make the choices that matter to you, and you'll be able to make them confidently.

Your body.

Vulva The vulva is the part of a woman's genitals that is visible on the outside. If you sit in front of a mirror after you have a bath or shower, you can open your legs and see it. The two folds of skin on the outside are the outer labia (lips) that protect the soft, delicate inner labia.



Clitoris The clitoris is just inside the junction of the labia. It is the most sensitive part of the woman's genitals. It becomes firm when you feel sexually aroused.

Vagina The vagina is a flexible passageway about four to six inches long. It is elastic and stretches during intercourse and childbirth. This is where your menstrual flow comes out, where the partner's penis stays during intercourse, and it is also the passage through which babies are born. The cells of the vagina secrete lubricating fluid when you feel sexually aroused.

Cervix This is the lower part, or neck, of the uterus. It includes an opening for menstrual blood, and it also stretches during birth to allow babies to pass through.

Uterus (womb) The uterus is in the lower abdomen. It is made up of muscle and if you have not been pregnant, it is about the size of a fist. During pregnancy the uterus expands to hold the baby and after pregnancy it contracts, or shrinks, until it is close to its original size.

Endometrium This is the inside lining of the uterus. The endometrium receives and nourishes the fertilized egg. When the egg is not fertilized, the lining is released from the body in the form of menstrual flow.

Fallopian tubes The two fallopian tubes extend from the top of the uterus to the ovaries. The egg travels down these tubes on its way from the ovary to the uterus. If the egg contacts a sperm in the fallopian tubes, the egg is fertilized and the result is conception.

Ovaries These are on each side of the uterus and they are about the size and shape of walnuts. The ovaries normally produce one egg each month.

Menstruation

Your cycle begins.

Your body has a monthly rhythm known as the “menstrual cycle”. Your monthly period, which usually lasts five days or so, occurs when the lining of the uterus (the *endometrium*) is not needed and is shed. About two to four ounces of blood, tissue and mucous are discharged through the cervix and out from the vagina. This is called menstrual flow.

Then your body begins to prepare itself for the possibility of pregnancy. An egg (ovum) develops in one ovary and the lining of the uterus builds up. The release of an egg from the ovary is called *ovulation*. The egg travels into the fallopian tube, while the uterus lining continues to build up.

If pregnancy does not happen, the lining again sheds itself fourteen days after ovulation and the cycle begins again.

Some women notice certain symptoms when they are ovulating. They may feel a pain low in their abdomen, and/or their vaginal discharge increases and becomes clear and slippery. Their interest in sex may be stronger or they may have spotting or light bleeding.

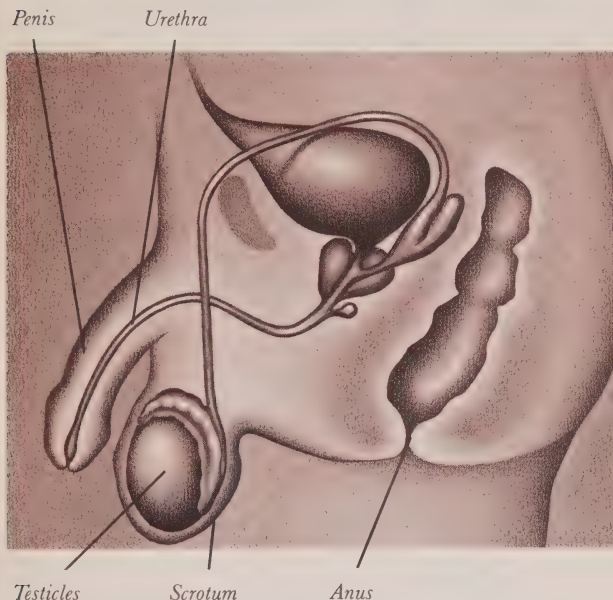
His body.

Scrotum The scrotum is a bag divided into two parts which hold the two testicles.

Testicles These are where the male’s sperm (or seed) are produced. They also produce hormones (chemical messengers).

Penis The penis is made up of spongy tissue that can fill with blood causing it to become hard and erect. This is called an erection.

Sperm The sperm is the male reproductive cell (seed).



Urethra The tube from the bladder which travels through the penis and through which urine is excreted. The ejaculatory duct joins the urethra but the semen is held back by a series of valves.

Semen The semen is the combination of sperm and milky white fluids that the penis releases at ejaculation.

Conception

How you get pregnant.

When the male's sperm meets the egg in the tube and fertilizes it, conception (pregnancy) occurs. Then it makes its way to the uterus and implants itself in the lining (endometrium). That journey takes about six days.

The first sign of pregnancy is a missed period. It's important to know your menstrual cycle well, so that you'll be aware of any changes in it that could mean that you are pregnant. If you suspect that you might be pregnant, contact your doctor or the local family planning clinic for a confidential urine test.

Here are a few of the signs of pregnancy:

- a missed period
- full, tender breasts
- nausea
- unusual fatigue



Birth Control Methods

How to prevent pregnancy.

How do you decide on a good birth control method? First, ask your doctor or the counsellor at a family planning clinic. He/she can explain the advantages and disadvantages of each type. If you don't understand some of the information you're given, ask questions. Your doctor or counsellor will welcome your questions and try to answer them clearly.

Reading books and pamphlets will help too. You can also talk to the staff at your local community centre to find out where you can get advice.

When you choose a method of birth control, keep a number of considerations in mind: how safe is it and how well does it work are two of the most important. But don't base your decision on these facts alone. Make sure that you like the method you've selected, and that it fits into your way of life. If you're uncomfortable touching your genital area, for instance, a diaphragm may not be for you. The possible side effects of the pill have been widely publicized, and though some women do have side effects from the pill, it is safe when used properly. Birth control techniques only work if you use them correctly. Choose one that's right for you.

Once you know more about each birth control method, you may want to try a few of them before you make a final decision. Luckily, there are enough forms of birth control available so that you should be able to find one you're happy with. Do be sure to talk to your partner about your choice, too.

Here is a brief guide to birth control methods.

Barrier Methods

These place a barrier between your partner's sperm and your egg. They include:

Diaphragm

The diaphragm is a soft rubber cap with a flexible rim, used with a spermicidal jelly or cream. Once inserted in the vagina, it covers the cervix and prevents sperm from reaching the uterus.



Your doctor must make a measurement in your vagina to choose the correct size for your diaphragm. He/she will show you how to insert it properly. Be sure to insert it yourself and have the doctor check that you know how to do it. When the diaphragm is in correctly, neither you nor your partner should be able to feel it during intercourse.

For many women, the diaphragm is a favourite birth control method. It can be 95 per cent effective and it has no side effects. But it's important to remember that this method takes a bit of time and planning.

Before sexual intercourse you must coat the diaphragm with jelly, then insert it. Once you've had some practice, this will only take a minute or two. Then the diaphragm must remain in place for six to eight hours after intercourse. After you remove it, it should be washed, dried, dusted with powder and replaced in its container. It must be checked regularly for holes. If you give birth or lose weight, you must be refitted for a diaphragm because you may need a different size.

Vaginal Spermicides

There are three types: foams, jellies and creams. All of them are chemicals which cover the cervix to stop sperm. Creams or jellies used alone are not very effective methods of birth control. Foam is a better choice because it



spreads more evenly and quickly over the cervix. But all three are best used in combination with other birth control devices, such as diaphragms and condoms (discussed later).

Foam comes in an aerosol can and is available at drugstores, without a prescription. To use it, shake the can, fill the special applicator, lie down and push the plunger into the vagina. It must be applied just before intercourse (within 30 minutes before) and you shouldn't douche afterwards. It should also be re-applied each time you have intercourse. Creams and jellies are also available at the drugstore and include a plastic applicator.

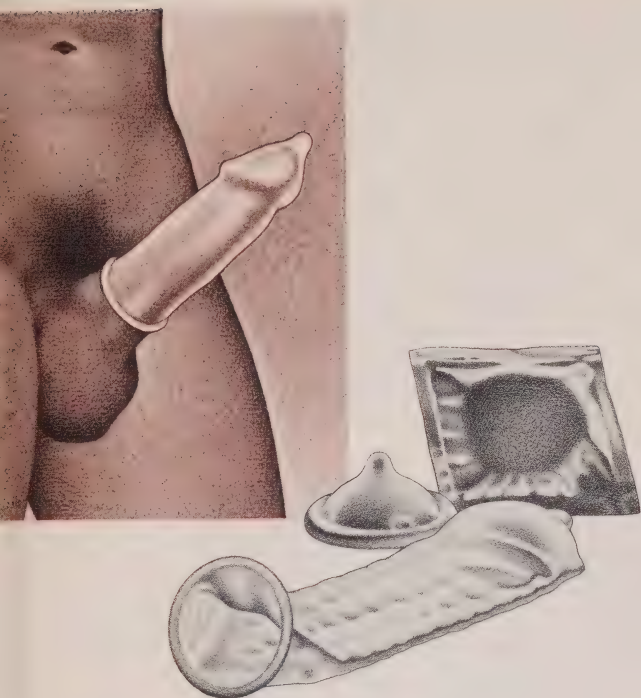
If you definitely want to avoid pregnancy, foams, jellies and creams alone are not the birth control method you need. When you use them as *part* of your birth control method, their effectiveness is much greater.

Condoms

This is a popular form of birth control because it is convenient and it allows your partner to be involved in the responsibility for contraception (birth control).

The condom (or “safe” or “rubber”) is a thin rubber sheath, or covering, that fits over your partner's erect penis before you have intercourse. It holds the sperm and prevents it from entering the vagina. Your partner must be careful to leave space at the tip of the condom for the sperm, and he should withdraw *immediately* after he ejaculates, holding the rim to make sure it does not come off during withdrawal.

Condoms can only be used once. They are easily available at drugstores, without prescription.



If the condom is used correctly, it is 95 per cent effective as a birth control method. Another important advantage of condoms is that they help to reduce the spread of sexually transmitted diseases.

Condom and Foam

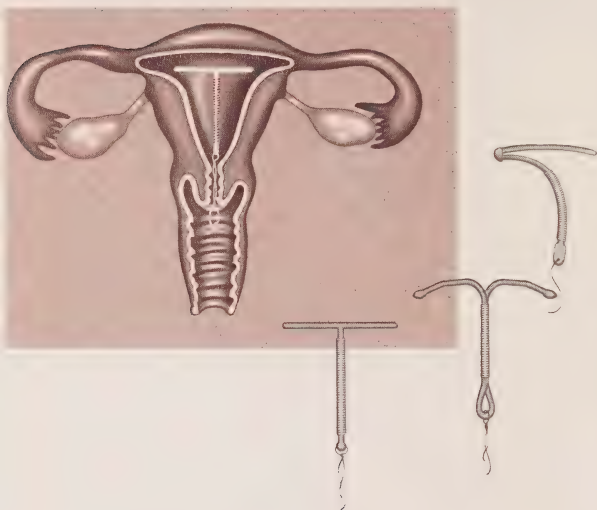
When you use foam in combination with the condom, the rate of effectiveness is even higher – almost 100 per cent.

Intrauterine Device

(I.U.D.)

The I.U.D. is a highly effective method of birth control, but not all women can use it.

The I.U.D. is a small plastic or copper covered object which is placed inside the uterus. No one is sure yet why it works as a contraceptive. It is believed that because it is a foreign body, it causes changes in the lining of the uterus.



Placing the I.U.D. in the uterus is a medical procedure and is normally done by a doctor. Before you have one put in, be sure to have a gynecological exam, a pap test and tests for infection. Usually the doctor will wait until you are menstruating before inserting the I.U.D.

The insertion itself may be an uncomfortable process. A few women have cramps for a short time, or have much heavier monthly periods. If you are still in discomfort after your doctor

inserts an I.U.D., or if your periods are unusually heavy, contact him/her. You may need to have the I.U.D. removed and changed to a different size or make.

The I.U.D. is 95 to 98 per cent effective as a form of birth control. It ranks right behind the pill in reliability. You may also appreciate the fact that you don't have to concern yourself about birth control when you're about to have intercourse. But it is not a risk-free method. Side effects include cramps and increased menstrual bleeding and an increased risk of infection. If you become pregnant, or want to become pregnant, the I.U.D. has to be removed.

Your doctor will teach you how to check the I.U.D. regularly. There is a string on the I.U.D. that you can feel to make sure that it is still in place. Most I.U.D.s can be left in place for several years. The doctor should also check it once a year.

The Pill

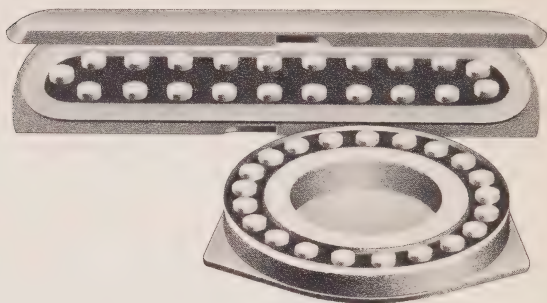
(oral contraceptive)

The birth control pill is the most widely used birth control method, because it is almost 100 per cent effective.

The "Pill", made of synthetically produced hormones (chemical substances that circulate in the blood and trigger body changes), prevents ovulation and produces other changes which prevent conception. The Pill is taken every day (except in a 21 day pack when you stop taking it for seven days.)

Your doctor can prescribe the Pill for you. For many women, it is the birth control method that gives them complete peace of mind. The more recent brands of the Pill seldom cause side

effects but a few women find that they develop headaches, breakthrough bleeding, mood changes or other symptoms. It is important for you to have a physical exam to rule out any adverse medical conditions before getting a pill prescription.



A pleasant side effect of the Pill is often lighter, easier menstrual periods. It can help to regulate your periods and make them less painful, and it also helps to protect you from a variety of other health problems such as anemia, and ovarian cysts. If you have mild acne, you may even notice that the Pill improves it.

You should also be aware that we still don't know everything about the side effects of the Pill. It continues to be studied carefully. Recently, for instance, it has been discovered that smokers who take the Pill run a higher risk of cardiovascular disease. So if you take the Pill, don't smoke.

For the most up-to-date information, ask your doctor or check with your clinic. For some women, the risks of medical complications aren't as important as their need to avoid pregnancy. Your own decision should be based on your personal situation.

If you do choose the Pill, plan to try it for at least three months. It may take that long before your body adjusts to it. If you experience unpleasant side effects, your doctor may be able to recommend a different type of pill that will suit you better.

Biological Methods

“Biological” methods depend on avoiding sexual intercourse during the time you are likely to become pregnant, i.e. the time when you are ovulating. They are known as fertility awareness, or natural methods.

There are three methods involved. Each one demands that you observe your menstrual cycle carefully, and each one has a different degree of reliability.

Rhythm Method

This method, also known as the “calendar” method, is the least effective of the three. It works like this: Usually you will ovulate 14 days before you start your period. Intercourse a day or two before this time or after can result in pregnancy. When you know the date of the month that your next period will likely begin, count back 14 days to calculate the days that you are most fertile. Then you can avoid intercourse during those days.

But there are serious drawbacks to this method. First, it requires that your periods are *always regular*, and few women’s periods are. Secondly, before you try the method you must study your menstrual cycle for several months in order to accurately calculate the date of your periods and the days on which you ovulate. Thirdly, the length of time in which you need to avoid intercourse can be as short as three to five days or as long as two weeks every month.

The most important fact to remember about the rhythm method is that you might ovulate early or late. You are never guaranteed that you are at a “safe” stage and so pregnancy can happen. Also, remember that sperm may survive for more than 48 hours.

Despite the riskiness of this birth control method, it is one that some women choose. Sometimes it is chosen for reasons of religion or health, other times because it is considered easy and reliable enough. But sometimes women follow this method without understanding it. They have a vague idea that there is a “dangerous” time around mid-cycle. The result could be an unplanned pregnancy.

To use this method properly, you need the guidance of a doctor or a nurse. They will help you figure out which days are safer than others for you to have intercourse. That way, you can improve your chances of avoiding pregnancy. Another option is to combine this method with one of the ones described below.

Rhythm and Foam

With this form of birth control, the rhythm method is combined with the use of foam near the unsafe days described earlier. It is better to use this combined method rather than either one on its own, but this is still not a very safe form of birth control.

Rhythm and Condom

Another form of birth control is the use of a condom combined with the “rhythm” method. The rhythm method depends on avoiding intercourse during the period of the month in which a woman is most fertile. Used by itself, the rhythm method is usually risky. But when a condom is used in addition to the rhythm method, there is more protection from pregnancy.

Basal Body Temperature Method

After you ovulate, your body temperature rises and stays higher until you start to menstruate. Therefore you can find the day on which you ovulate by taking your temperature (with a special “basal” thermometer) every morning as soon as you wake up and before you get up. Then you record it on a graph and study the pattern that will be noticeable. Once you pinpoint your ovulation day, you calculate the days you can have intercourse safely.

If you want to use this method, you should learn it from your doctor or at a family planning clinic or from a trained couple. It is far more reliable than the rhythm method, and can also be used in combination with that method, or with the “Billings” method described below.

Like any of the birth control methods that rely on fertility awareness, this method requires that you spend time in charting your cycles. It is important to follow the routine faithfully in order to be successful with it.

Billings Method

Also known as the “mucous” method, this is another form of fertility awareness. It relies on observing daily the discharges from the vagina. Changes in texture, colour and quantity indicate the times of ovulation.

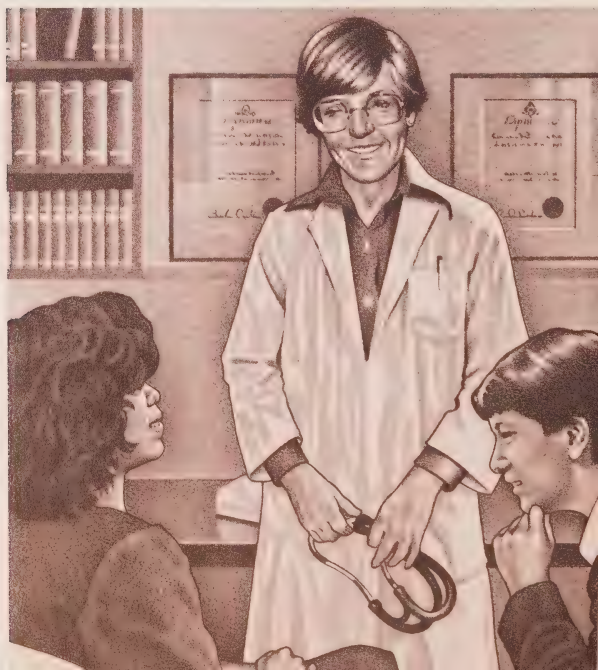
This method requires training, which you can find through your doctor or at a family planning clinic. You will be taught how to “read” your discharges, how to record what you observe, and how to combine this technique with other “natural” birth control methods. It will be an appealing method to you if you are comfortable with your body and are reluctant to use artificial forms of birth control. Its success rate varies, and is dependent on your close, careful observation.

Surgical Methods

Perhaps you have decided that you do not want more children, or any children at all. Or maybe you are simply wondering about the steps you'll need to take if you should reach that decision in the future. Here are some methods to consider.

Voluntary Sterilization

Sterilization is a medical procedure that ends your ability, or your partner's ability, to have children. So before you go ahead with it, give careful thought to your reasons for doing so. Talk to your partner, your doctor, and/or staff at your family planning clinic. If you are being asked by your partner or advised by your doctor to choose sterilization and you are not sure about it, you may want to check that sterilization is really right for you. Ask your doctor more about it or consult a counsellor at a family planning clinic. You can also consider seeing another doctor for a second opinion.



Tubal Ligation

In tubal ligation, as sterilization for women is called, a small incision is made in the abdomen. The fallopian tubes are cut or tied or blocked. This type of surgery means a hospital visit, which ranges from one to four days. Some women take more time than others to recover from the effects of anaesthesia and surgery. You can usually resume having sexual intercourse within a week or so of having a tubal ligation.

Tubal ligation does not result in menopause. You will continue to produce an egg, which is released and travels down the fallopian tube. But because the tubes are cut, the egg dissolves in the tube, rather than in the womb or vagina.

While it is occasionally possible to reverse tubal ligation, you should consider this operation a permanent step. The surgery is an insured benefit under Ontario's health insurance plan.

Vasectomy

Male sterilization is called vasectomy. This operation is simple, almost painless, and a hospital stay is not necessary. Under local anaesthetic, a small cut is made in each side of the scrotum and sections of the tubes that carry the male's sperm are removed. Since sperm can no longer move from the testes to the penis, there is no possibility of pregnancy for the man's partner.

Vasectomies do not affect sexual enthusiasm or sexual ability.

In the first few weeks after the surgery another form of birth control should be used, until the doctor confirms that the vasectomy has been successful and that the ejaculate does not contain sperm.

This surgery is insured under Ontario's health insurance plan.

THESE ARE NOT RELIABLE BIRTH CONTROL METHODS

A handful of methods are used by women in the mistaken belief that they are reliable forms of birth control. In fact they are not.

Douching

Douches are solutions used to clean out the vagina. Simple water douches are the most common, but commercial douches are also available.

Some women douche immediately after they have intercourse, hoping that they will wash away the sperm and so avoid pregnancy. But douching cleans only the vagina, not the uterus. Before you even begin to douche, some sperm may already have reached your uterus. In fact, the douching action can force the sperm to move from your vagina into your uterus.

Don't depend on douching as a method of birth control. It doesn't work.

You don't even need to cleanse your vagina, because the vagina keeps itself clean with its own fluids. Douches are sometimes used to treat vaginal infections, but too-frequent douching can *cause* vaginal infections. Only douche if your doctor recommends it. Otherwise, simply washing your genitals is enough for cleanliness.

Withdrawal

With this method the penis pulls out of the vagina before ejaculation, so that the semen doesn't reach the vagina.

This last-minute method is highly risky. You and your partner have to co-operate, and it relies on your partner's perfect self-control not to let go. Even with absolute timing, sperm can land near your vagina and still make their way inside. And the drops of fluid produced by the penis after erection – even before ejaculation

- can contain enough sperm to cause pregnancy. All these drawbacks make withdrawal a poor choice as a birth control method. It just doesn't protect you well enough against pregnancy.

Breastfeeding

Though some women do not ovulate when they are breast-feeding a baby, it is not a dependable method of birth control. Many women who don't use contraception (birth control) while they are breast-feeding become pregnant.

SUMMING UP

There is a wide variety of birth control methods at your disposal. Maybe you are just starting to think about your own preferences. Or perhaps you aren't happy with your current choice of birth control.

Whatever your situation, exercise your rights. You have a right to be in control of your own body and of your future. It's a very special feeling, taking control, making decisions that matter.

